

04-17-06

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April 14, 2006

Via US Mail

Commissioner of Patents
Box 1450
Alexandria, VA 22313-1450

Re: PCT Application No.: PCT/US2004/040126

Title: *An apparatus and method for accommodative stimulation of an eye and ipsilateral accommodative imaging*

U.S. Serial No. 10/727,734

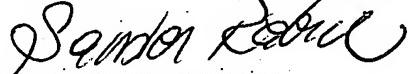
WOH Docket No.: 100408-004

RPI Ref: RPI 816

Dear Sir:

Enclosed is a signed Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address and a Power of Attorney and Correspondence Address Indication Form for the above-referenced matter. Please contact me should you have any questions.

Very truly yours,
Convergent Technology Patent Law Group


Sander Rabin, MD JD

Enclosures



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

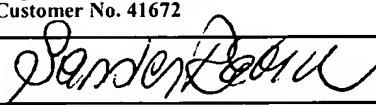
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/727,734
		Filing Date	04 December 2003
		First Named Inventor	Koretz, Jane
		Art Unit	
Total Number of Pages in This Submission		Examiner Name	John Sanders
		Attorney Docket Number	RPI 3731

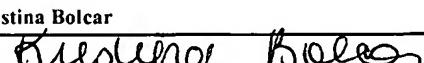
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sander Rabin MD JD Registration No. 53,498 Customer No. 41672	
Signature		
Date	April 14, 2006	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Typed or printed name	Kristina Bolcar		
Signature		Date	April 14, 2006

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PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/727,734
Filing Date	04 December 2003
First Named Inventor	Koretz, Jane
Art Unit	
Examiner Name	John Sanders
Attorney Docket Number	RPI-3731

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

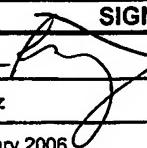
<input checked="" type="checkbox"/> Firm or Individual Name	Sander Rabin, MD JD		
Address	Convergent Technology Patent Law Group Whiteman Osterman & Hanna LLP One Commerce Plaza		
City	Albany	State	New York
Country	USA		
Telephone	518 487-7683	Email	srbabin1@nycap.rr.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Jane Koretz		
Date	January 2006	Telephone	518 276-6492

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/727,734
Filing Date	04 December 2003
First Named Inventor	Koretz, Jane
Title	App & Meth for Accommodative Stim
Art Unit	3737
Examiner Name	John Sanders
Attorney Docket Number	RPI-3731

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: _____

OR

 Practitioner(s) named below:

Name	Registration Number
Sander Rabin, MD JD	53,496

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number: _____

OR

 The address associated with Customer Number: _____

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sander Rabin MD JD		
Address	Convergent Technology Patent Law Group Whiteman Osterman & Hanna, LLP 1 Commerce Plaza		
City	Albany	State	New York
Country	USA	Zip	12260
Telephone	518 487-7683	Email	srabin1@nycap.rr.com

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	January 2006
Name	Jane Koretz	Telephone	518 276-6492

Title and Company Professor of Biology, Rensselaer Polytechnic Institute

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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